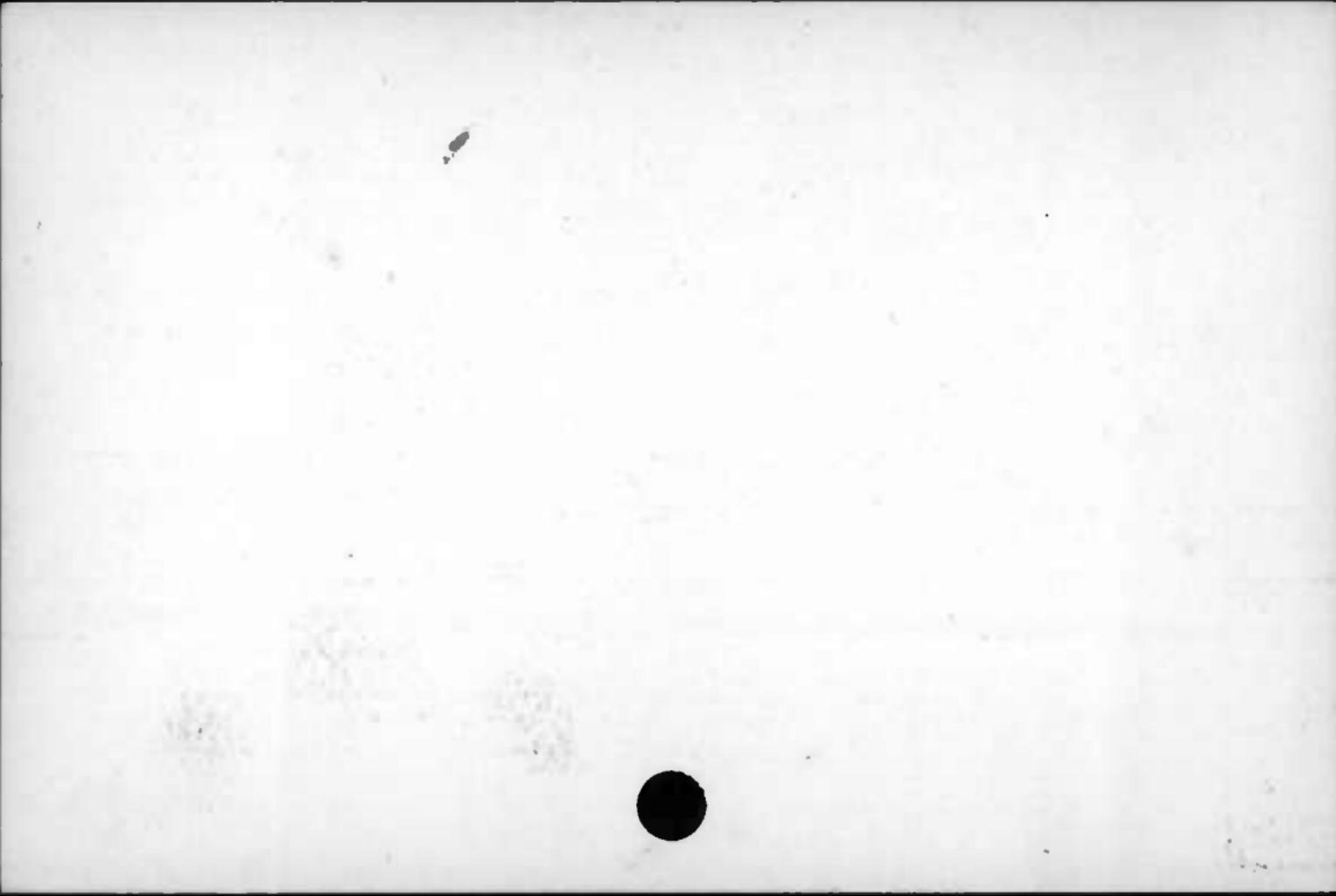


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Jane Richards Baynum					CERTIFICATE OF DEATH	
Died at	Berlin	Town	Worcester	County	MARYLAND	
Date of death	1907	Month Oct	Day 22	Age 78	Years	Months Days
Sex	Female	Color or Race	White	Birth-place	Delaware	
Occupation	Housewife	Where Residing if not at place of death			Berlin	
Married, Single or Widowed	Widow	Name of Wife or Husband	Rufus Baynum	Father's Birthplace	Unknown	
Father's Name	Frank	Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown	
Name of person giving information	Miss Mattie Muller	How related	Niece	Deceased		
CAUSES OF DEATH					27	
Primary	Tuberculosis				How long	Seven years
Immediate	Pneumonia.				How long	1 week
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	The Holland	
J.P.				Address	Berlin	
Accident or Suicide?				Dr		



Name  
in  
Full

Sallie A. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Oct -	Day 21	Years 93	Months 9	Days End
Sex Female	Color or Race White	Birth-place			
Occupation Has Done	Where Residing if not at place of death Parker Brown				
Married, Single or Widower Widow	Name of Wife or Husband Mr Johnson	Father's Birthplace Dad			
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information Miss Julia Dyer	How related to deceased Daughter				

CAUSES OF DEATH

178

Primary Instant-death  
Unknown

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

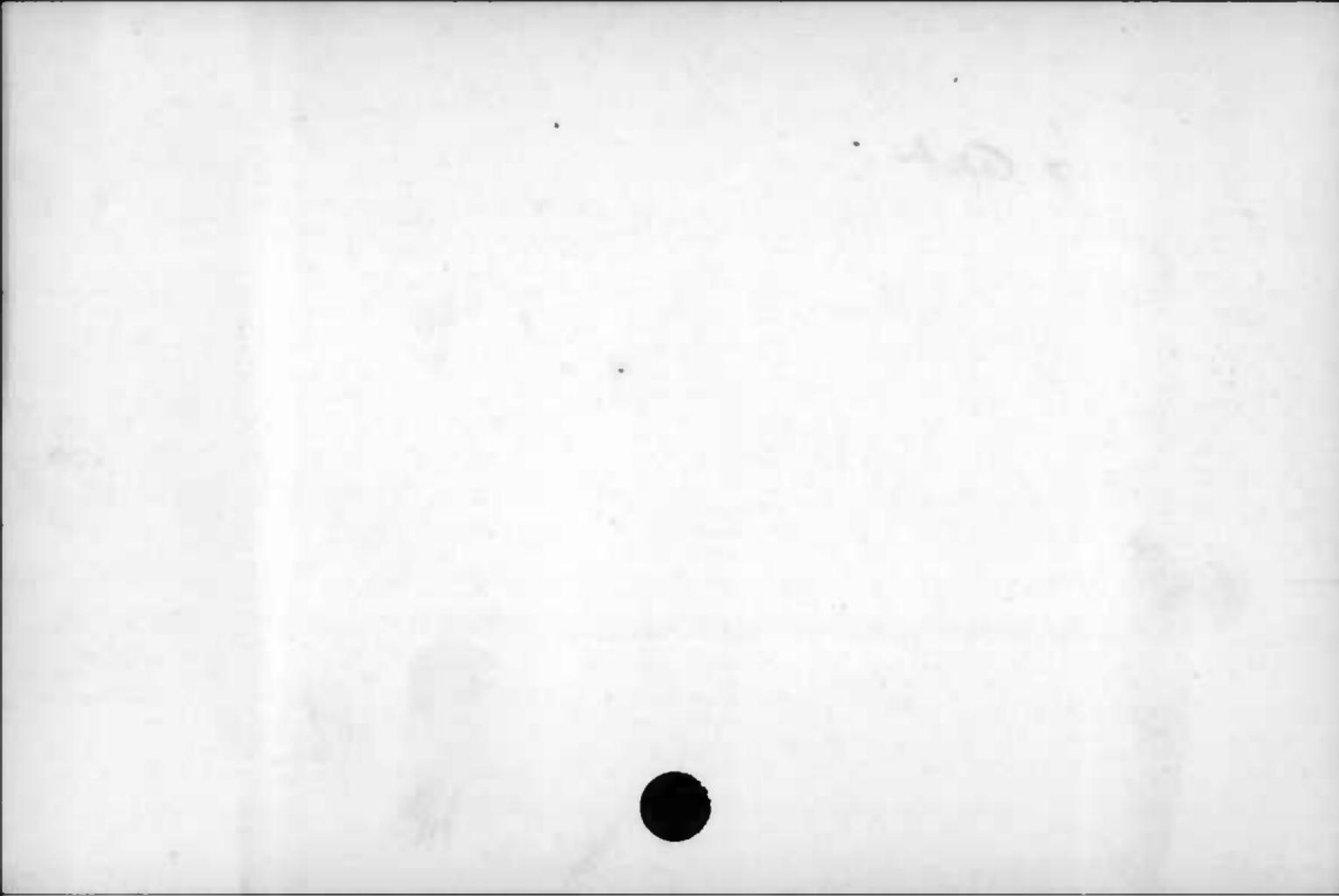
Had None

OK

Accident or Suicide?

At a Massey

PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Curtis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	VA
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Singl	Name of Wife or Husband			
Father's Name	James Curtis			Father's Birthplace	VA
Mother's Maiden Name	Mrs Justice			Mother's Birthplace	VA
Name of person giving Information	R. L. Curtis			How related to deceased	Auncle

CAUSES OF DEATH

80

PHYSICIAN  
OR CORONER

Primary Angina Pectoris

Immediate Collypsa

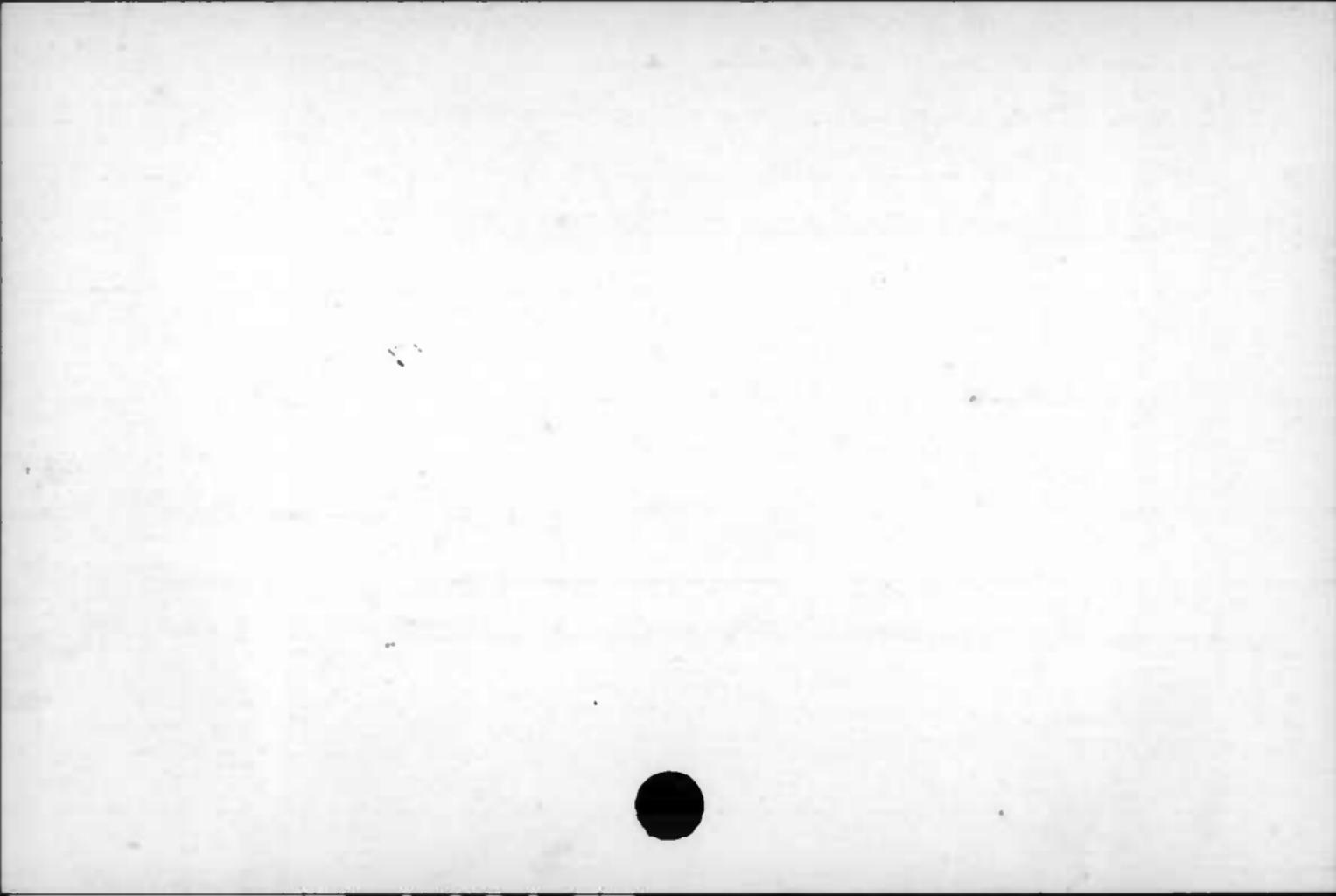
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr S. Landford Willis

Address

Accident or Suicide?



Name  
in  
Full

Elijah A. Farlow.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1907	Month Oct	Day 20	Years 4	Months	Days	
Sex Female	Color or Race White	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Farlow		Father's Birthplace			
Mother's Maiden Name	Lily Lullie		Mother's Birthplace			
Name of person giving information	John Downey		How related to deceased			

CAUSES OF DEATH

179

How long

How long

PHYSICIAN  
OR CORONER

Primary

Unknown

Immediate

Are the name, age, sex, color, date and place correctly given above?

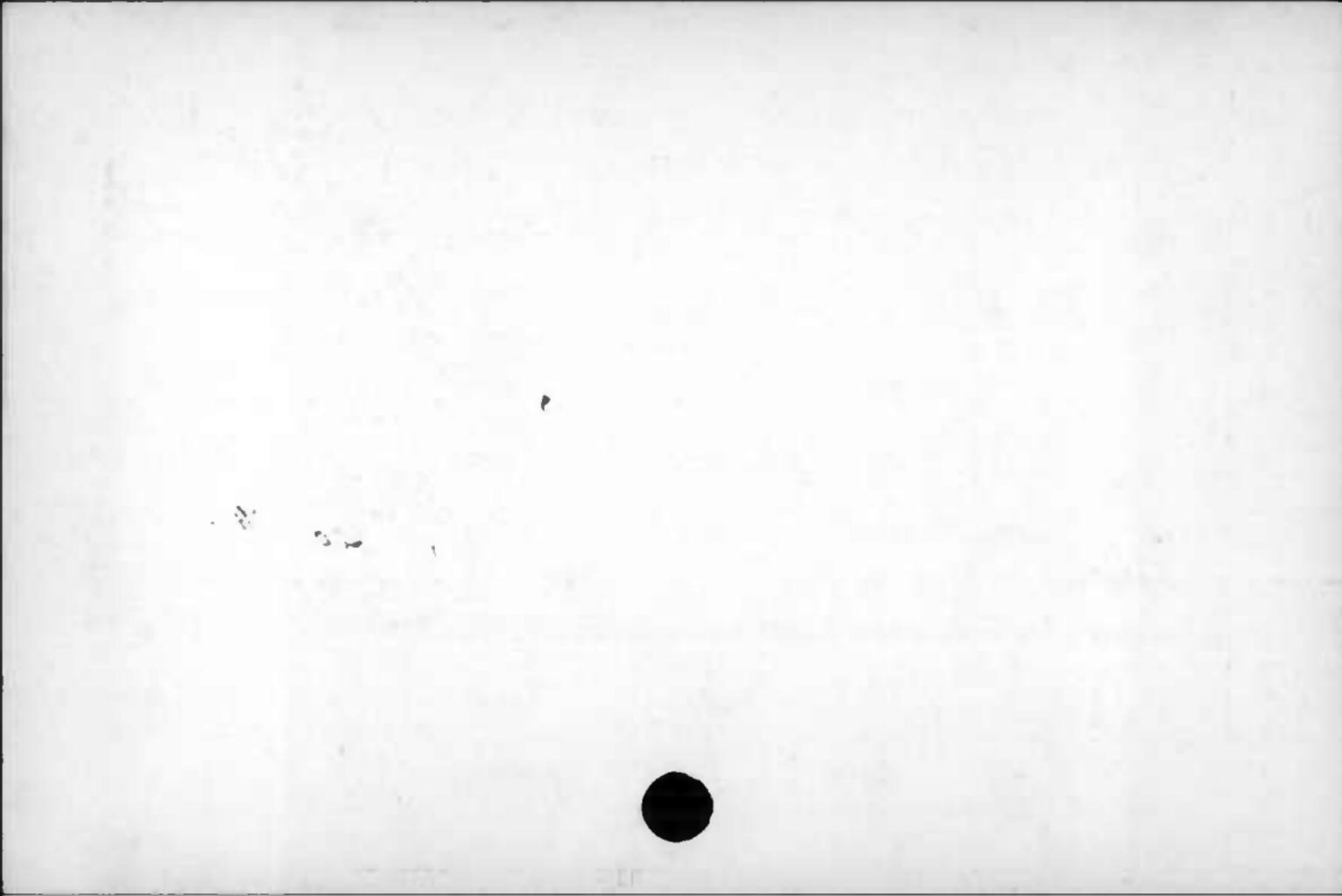
Signature of Physician

Address

Dr Doctor

Dr. Massay M.D.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Emmaline Godfrey

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month Oct.	Day 20	Years 25	Months	Days	
Sex	female	Color or Race	white		Birth-place	End	
Occupation	~	Where Residing if not at place of death					
Married, Single or Widowed	~	Name of Wife or Husband	~				
Father's Name	for Godfrey		Father's Birthplace	End			
Mother's Maiden Name	Betsy Godfrey		Mother's Birthplace	End			
Name of person giving Information	J. J. Godfrey		How related to deceased	Sister			

CAUSES OF DEATH

154

How long

~

How long

~

Primary

Old age

Immediate

Inv. debility

Are the name, age, sex, color, date and place correctly given above?

yes

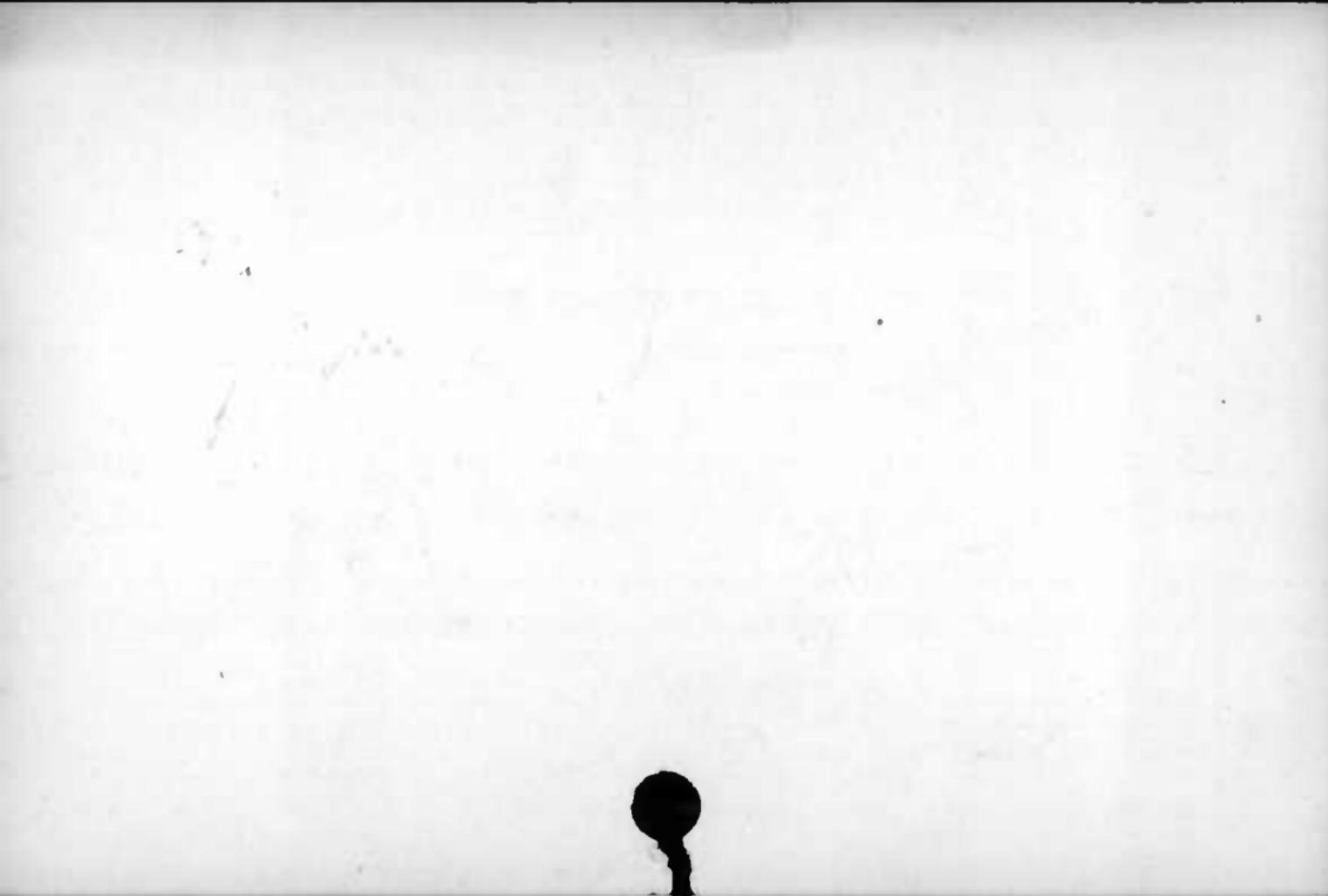
Signature of Physician

Address

W. D. Strong Jr.  
Snow Hill. Md.

Accident or Suicide?

neither



Name  
in  
Full

Susie Lr Gravemor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Snow Hill	Worcester			
Date of death	Month	Day	Years	Months	Days
1907 Oct.	19		35		
Sex	Color or Race	Birth-place			
Female	White	Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Married Sewell Gravemor			
Father's Name	Geo. Timington				
Mother's Maiden Name	Annie Parsons				
Name of person giving information	Sewell Gravemor				

CAUSES OF DEATH

27

Tuberculosis of Lungs  
Araemic

2 year

How long  
3 months

PHYSICIAN  
OR CORONER

Immediate

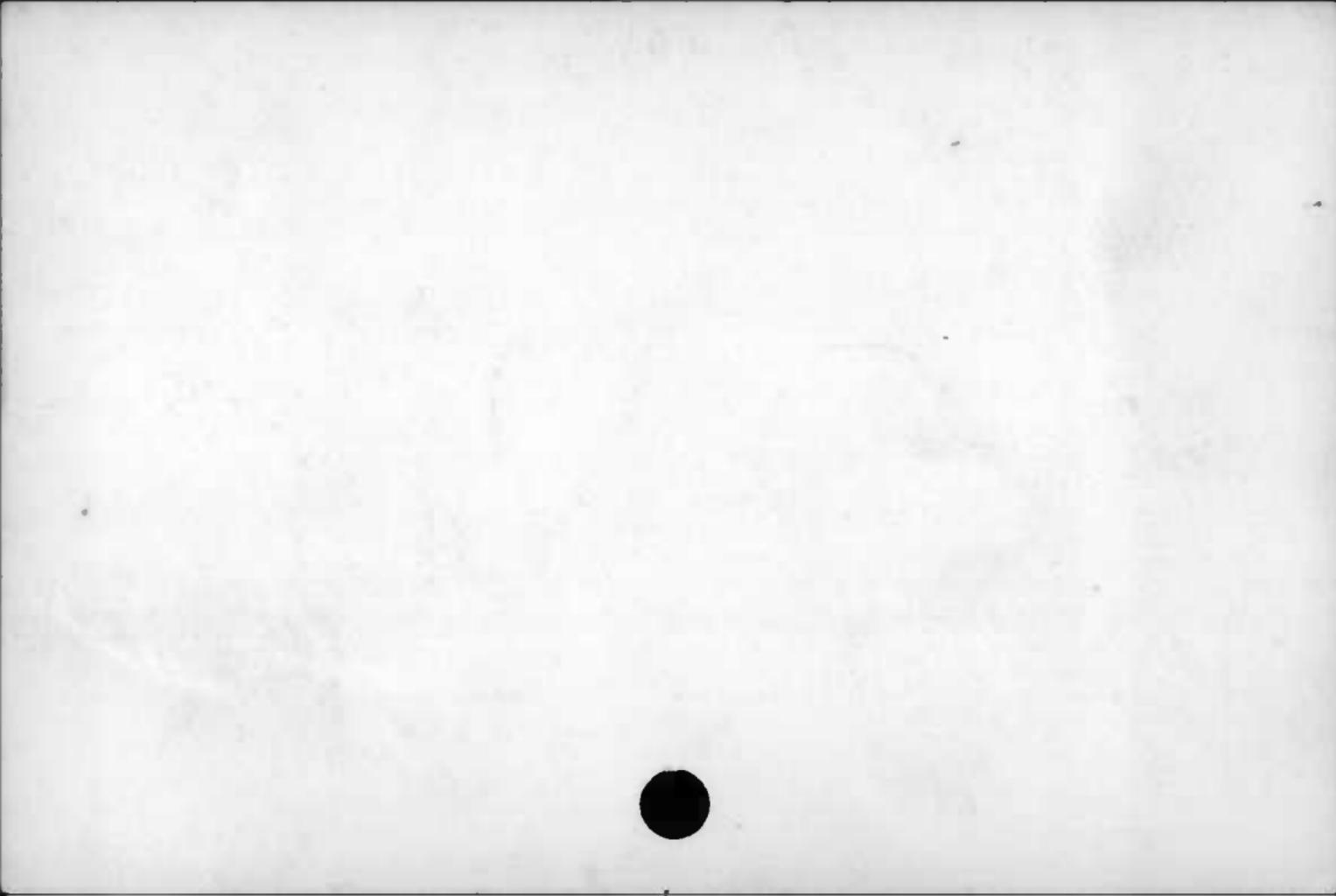
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Philadelphia  
Snow Hill  
Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

District	Town	County	MARYLAND		
Date of death 1907 Oct 17	Day	Years	Months	Days	
Sex Female	Color Race	Age 94	Birthplace Suck		
Occupation House wife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Marie	Sonell Hastings			
Father's Name Hudson	Father's Birthplace Md				
Mother's Maiden Name Unknown	Mother's Birthplace Md				
Name of person giving Information E. Wise	How related to deceased None				

## CAUSES OF DEATH

40

How long

1 yr

How long

3 weeks

PHYSICIAN  
OR CORONER

Primary

Cancer of Liver

Immediate

Dravition

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

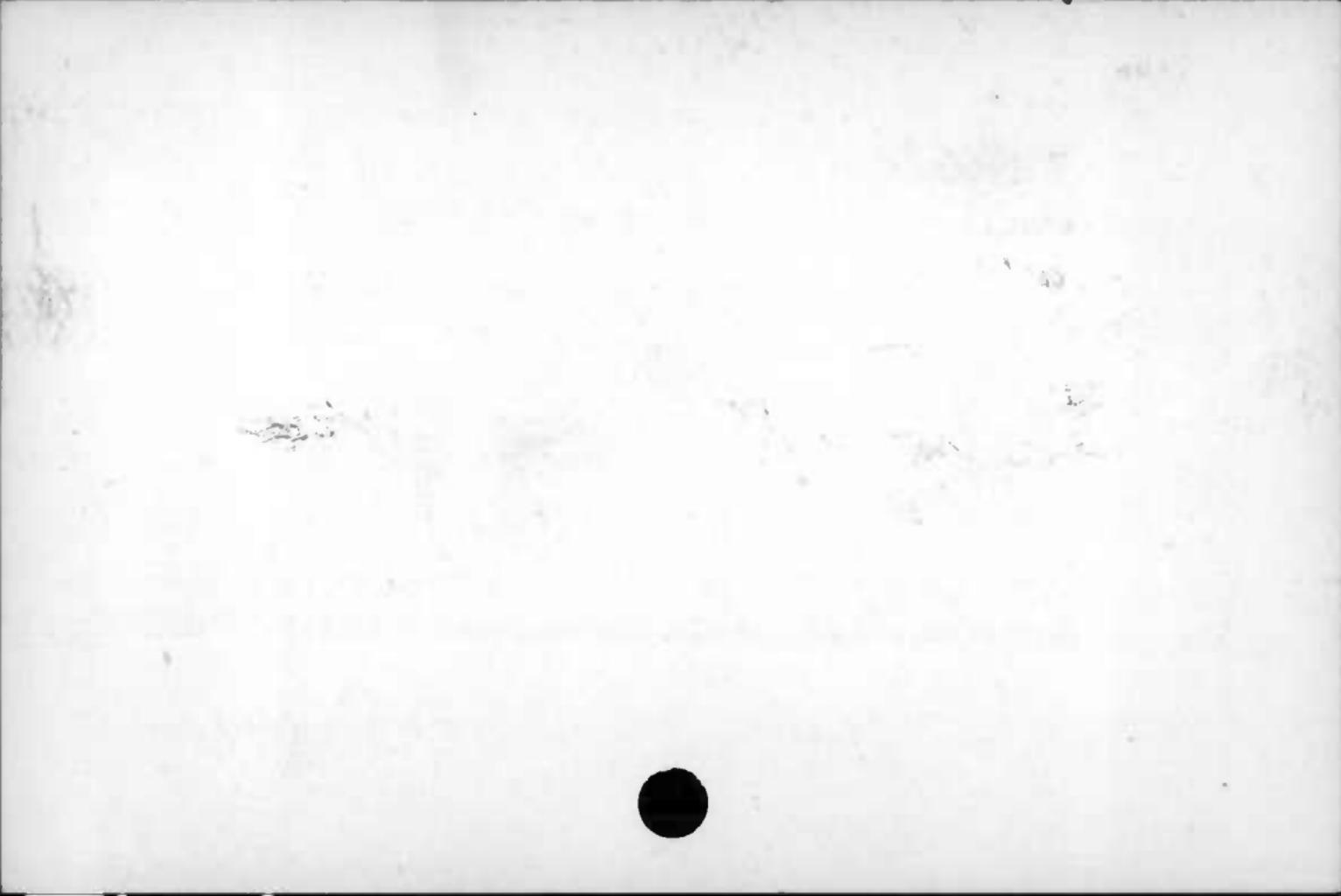
Address

Condrickson  
Berlin  
Md

T. L.



Accident or Suicide?



Name  
in  
Full

Lealvira Jarvis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Oct	Day 8	Years	Months	Days
Sex Female	Color or race White	Age 71	Birth-place Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	Leyrus Jarvis			
Father's Name	Doris Richardson		Father's Birthplace	Md.	
Mother's Maiden Name	Doris Richardson		Mother's Birthplace	Md.	
Name of person giving information	How related to deceased				

CAUSES OF DEATH

167

How long

1 hr.

How long

PHYSICIAN  
OR CORONER

Primary

External burns

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Curdishorn  
Berlin  
(over) Md.

Accident or Suicide?

accident

"Calvin Davis died from burns  
by heat by having his clothes burned  
It caused by explosion of coal oil  
when pouring oil in stove."

C. W. Dickinson

Name  
in  
Full

Sallie A. Mitchell

CERTIFICATE OF DEATH

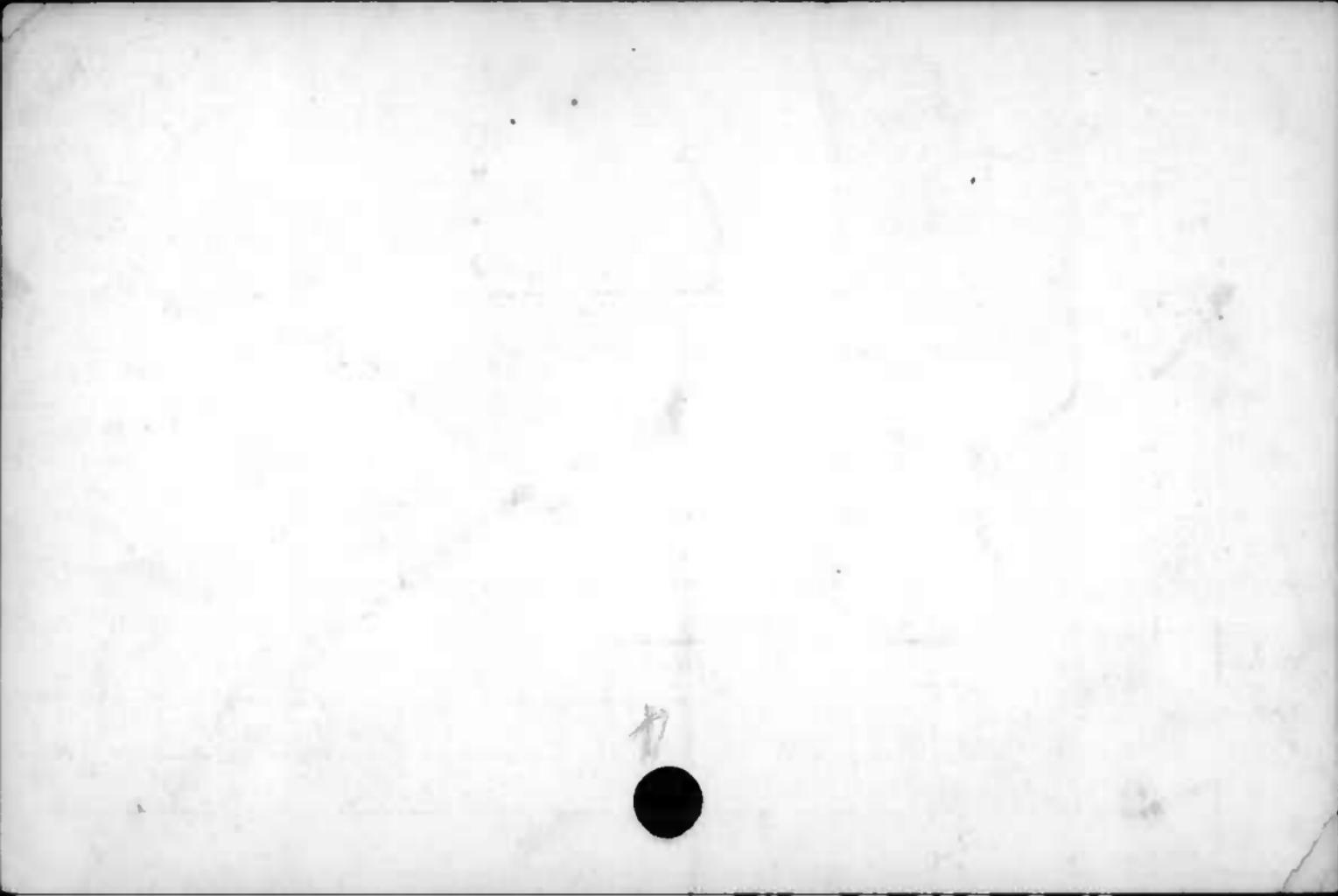
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Such
Occupation	House Keeper				
Married, Single or Widowed	Widow	Name of Wife or Husband	Washington Mitchell	Father's Birthplace	Such
Father's Name	James Evans				
Mother's Maiden Name	Nellie " Evans				
Name of person giving information	July Evans				

CAUSES OF DEATH

(27)

PHYSICIAN OR CORONER	Primary	Phthisis Pulmonalis		How long
	Immediate	Sphincter Tum		2+3 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
for		Address	5 weeks	
Accident or Suicide?		Providence Berlin, Maryland		



Name  
in  
Full

Lavinia Nairne

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Arthur Nairne	Father's Birthplace	Snow Hill, Md	
Mother's Maiden Name	Ida Blair	Mother's Birthplace	Snow Hill, Md	
Name of person giving Information	Arthur Nairne	How related to deceased	Father	

CAUSES OF DEATH

179

How long

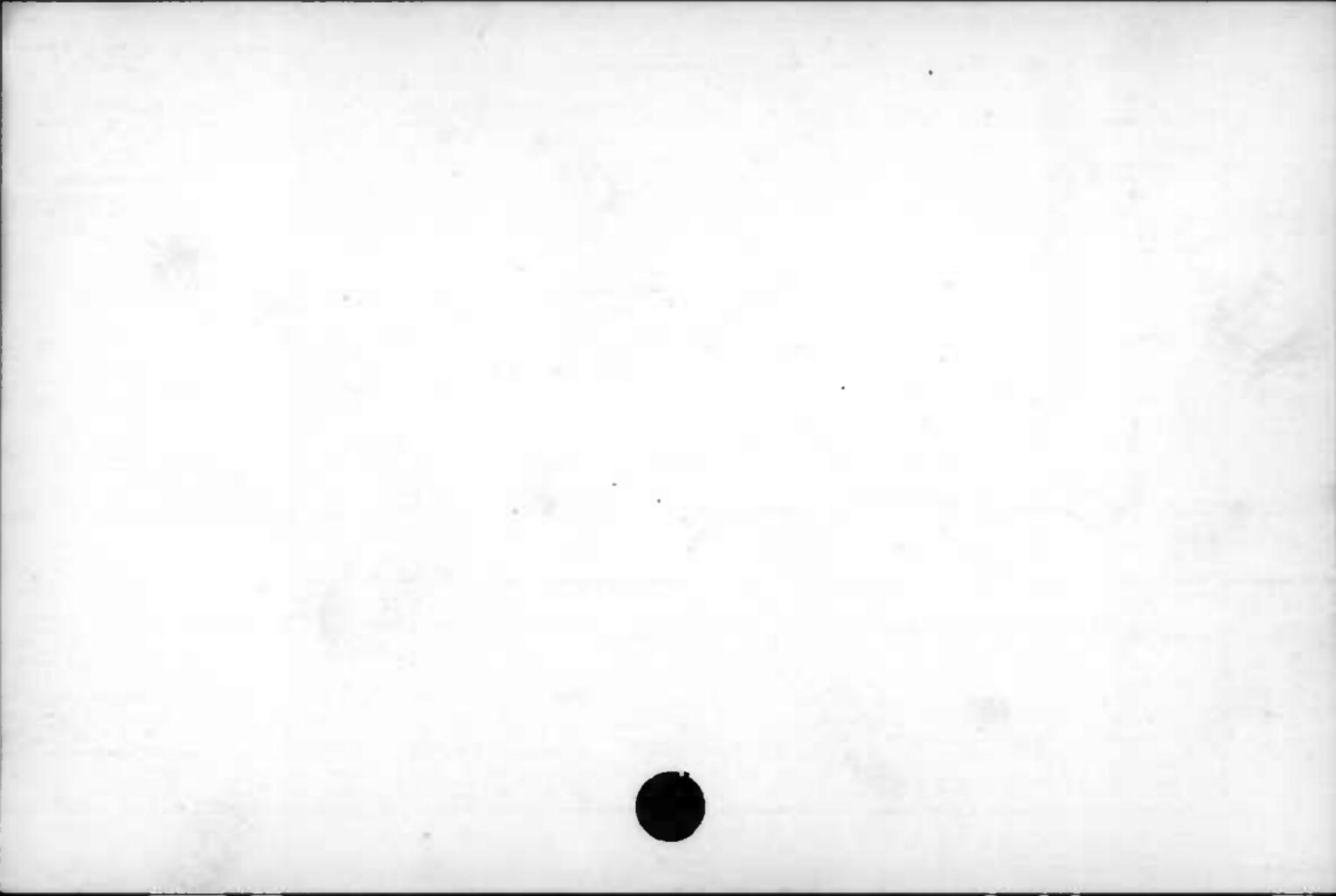
9 mos

How long

"

PHYSICIAN  
OR CORONER

Primary	Marasmus		
Immediate	"		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John L. Riley
		Address	Snow Hill Md.
Accident or Suicide?			



Name  
in  
Full

Richard Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ten Promoke City, Maryland

MARYLAND

Date of death	Month	Day	Years	Months	Days
1907	OCT	25	Age 53		
Sex	Male	Color or Race	Colored	Birth-place	Eoston, Md.
Occupation	Barker	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Promoke City		
Father's Name	Henry Nichols			Father's Birthplace	Brownsville, Co.
Mother's Maiden Name	Don't know			Mother's Birthplace	✓
Name of person giving information	E. H. Nichols (Son)			How related to deceased	Male

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary tuberculosis

How long  
4 months

Immediate

General exhaustion

How long  
✓

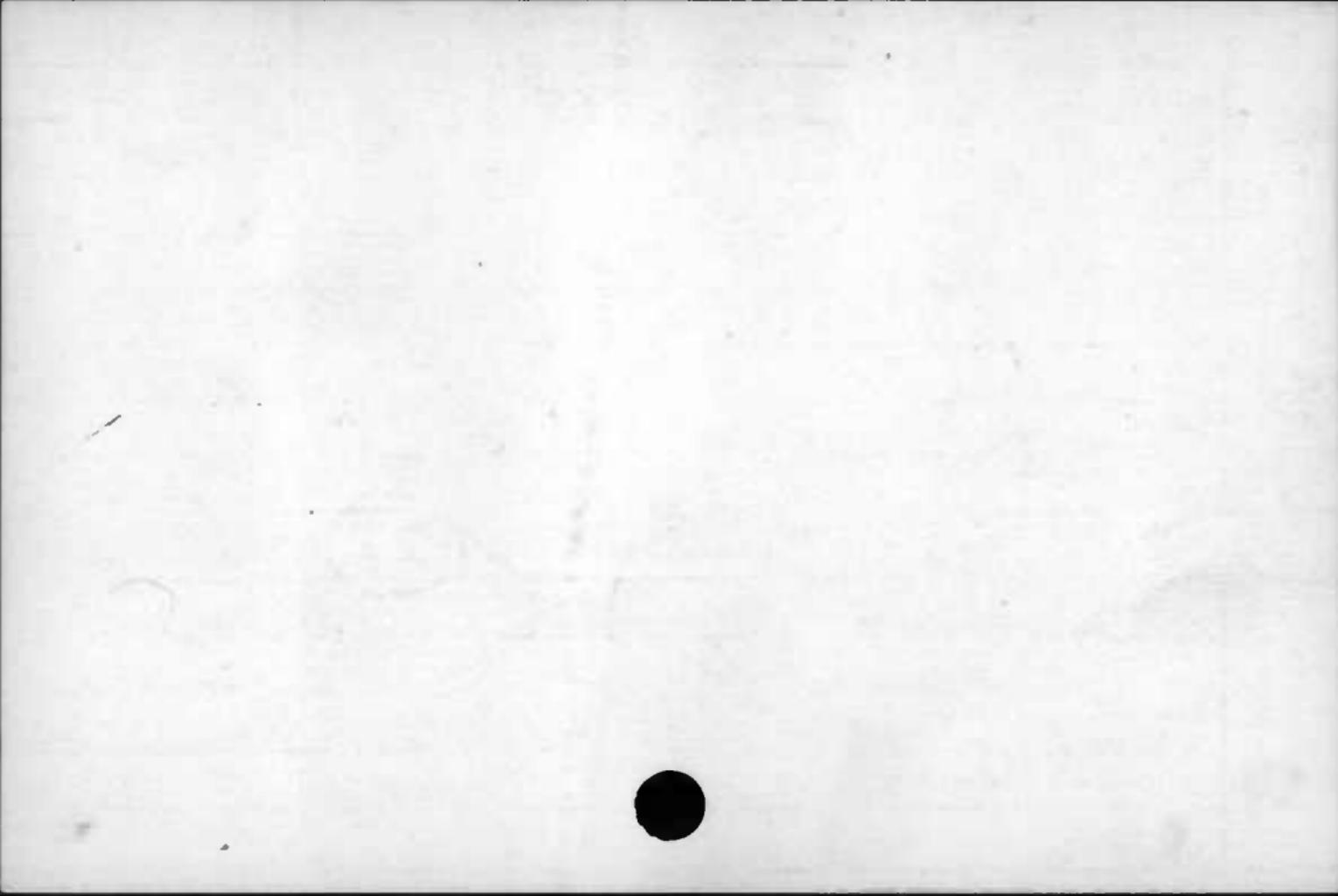
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Reed Hale  
Promoke City, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Hattie Schoofield

Town

Pocomoke City

County

Wicomico

MARYLAND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days

Date of death	Month	Day	Years	Months	Days
---------------	-------	-----	-------	--------	------

Sex	Triple	Color or Race	Colored		
Occupation				Birth-place	Wicomico Co

Occupation				Where Residing if not at place of death	✓
------------	--	--	--	---	---

Married, Single or Widowed	Married	Name of Wife or Husband	Israel Schoofield		
----------------------------	---------	-------------------------	-------------------	--	--

Father's Name	Hattie H. Lee			Father's Birthplace	Maryland
---------------	---------------	--	--	---------------------	----------

Mother's Maiden Name	Emma Blake			Mother's Birthplace	Maryland
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Name of person giving information	Amil D. Schoofield			How related to deceased	Wife
-----------------------------------	--------------------	--	--	-------------------------	------

## CAUSES OF DEATH

①

Primary	Pyphritis	How long	5 weeks
---------	-----------	----------	---------

Immediate	General Inflammation & soreness	How long	✓
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PHYSICIAN  
OR CORONER

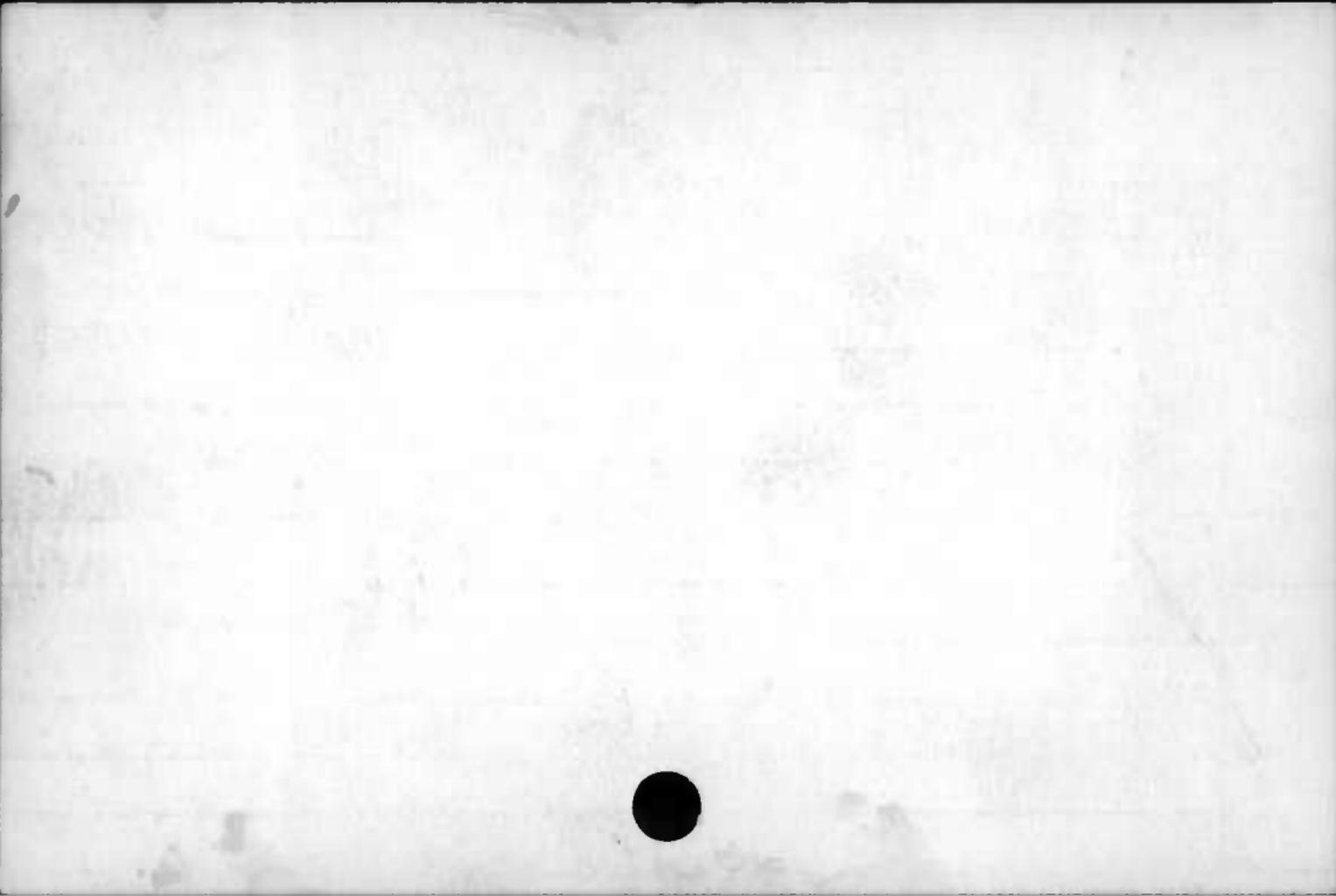
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. Reattoe  
Pocomoke City, Md

Address

Accident or Suicide?



Name  
in  
Full

Not named (Schoofield)

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at ~~near Promontory City~~ ~~Promontory~~

Town

County

MARYLAND

Date Month Day Year Months Days  
of death 1907 Oct 5 A.D. 3 20

Sex Male

Color or  
Race

Colorado

Birth-  
place

Promontory Co

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Israel Schoofield

Father's  
Birthplace

Promontory Co

Mother's  
Maiden Name

Hattie Taylor

Mother's  
Birthplace

Promontory Co

Name of person giving  
Information

Israel Schoofield

How related  
to deceased

Father

105

CAUSES OF DEATH

Primary

Parker Influenza

How long

7-8 days

Immediate

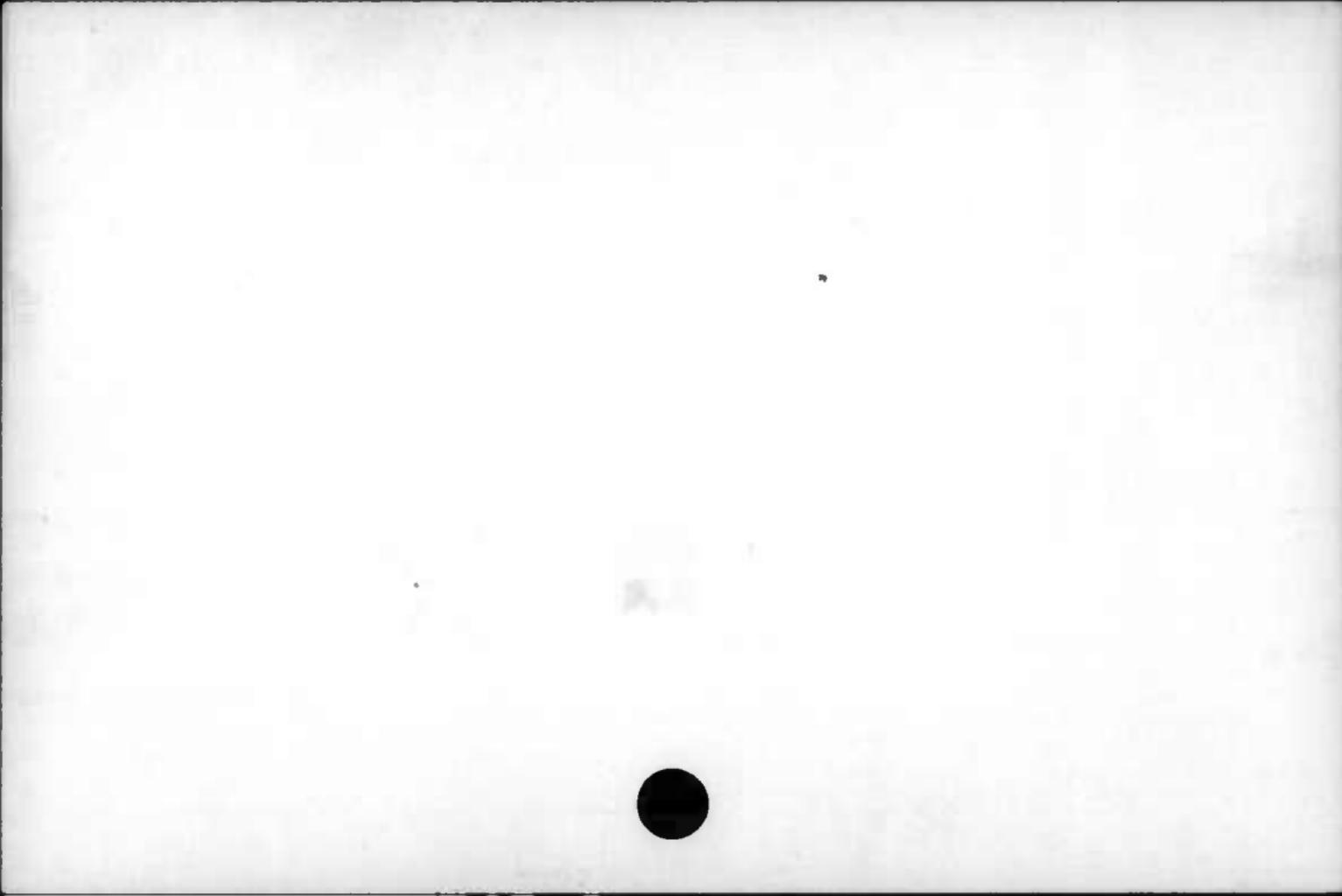
Signature of  
Physician

Address

R. Carttall  
Promontory, Utah

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Levin J Sturgis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Newport</u> Town	County <u>Worcester</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>8</u>	Years <u>1</u>	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Lambert Sturgis</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Abithy Lebby</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>William Th Lebby</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

No an

How long

(179)

Immediate

No an

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

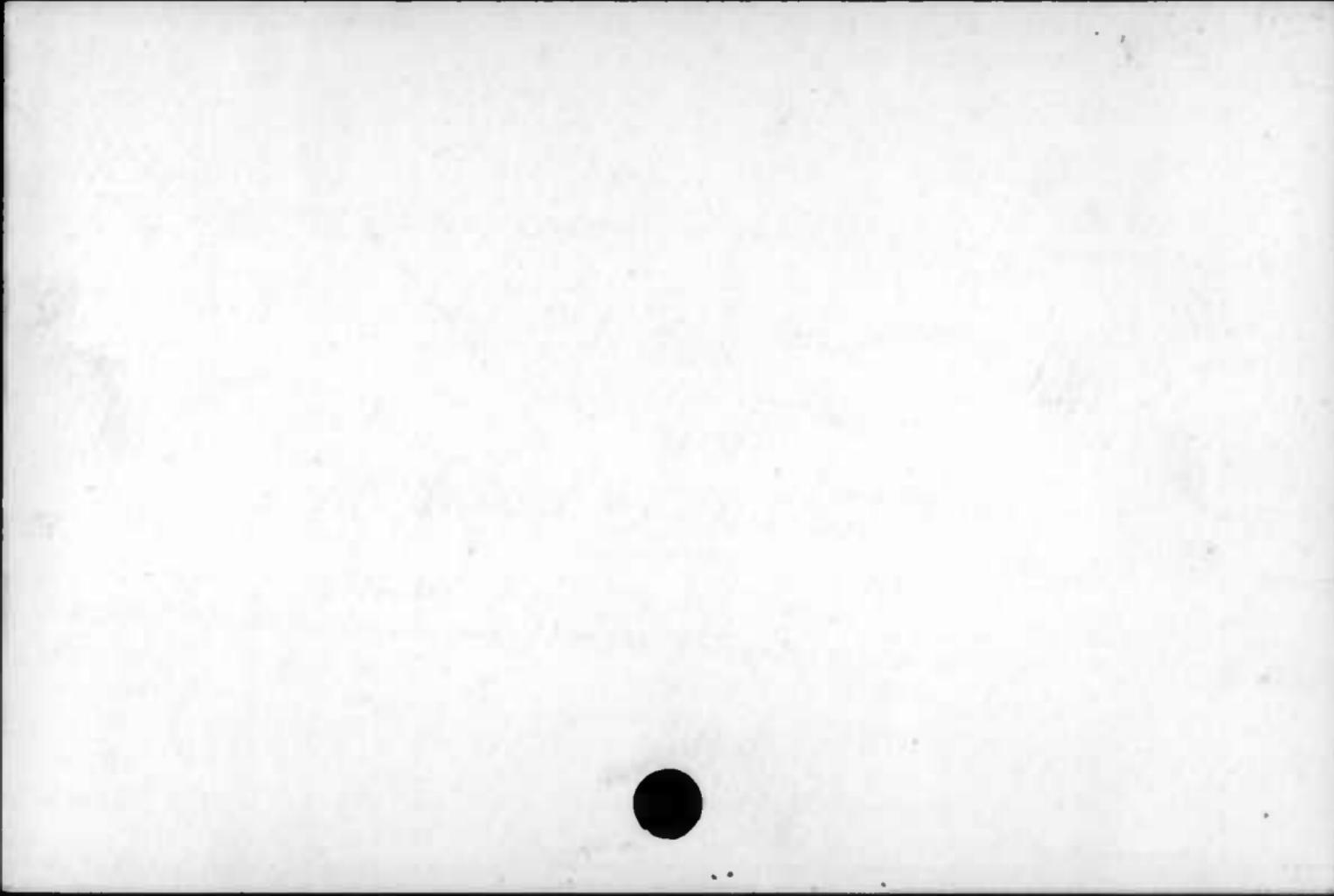
Signature of Physician

Address

W. A. Massey  
O. K.

No, Irregular, undance

Accident or Suicide? L. J. Evans undertaker



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Virginia Trillary

CERTIFICATE OF DEATH

Died at

Baltimore City

own

County

Maryland

MARYLAND

Date  
of death

1907

Month

Oct

Day

21

Years

58

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Samuel J. Trillary

Father's  
Birthplace

Md.

Father's  
Name

Francis R. Hendon

Mother's  
Maiden Name

Mary Agt. Jones

Mother's  
Birthplace

Md.

Name of person giving  
Information

Mary Agt. Jones

How related  
to deceased

Husband

CAUSES OF DEATH

106

Primary

Gastric intestinal dyspepsia

6 m

Immediate

Exhaustion

How long

1 wk.

Are the name, age, sex, color, date  
and place correctly given above?

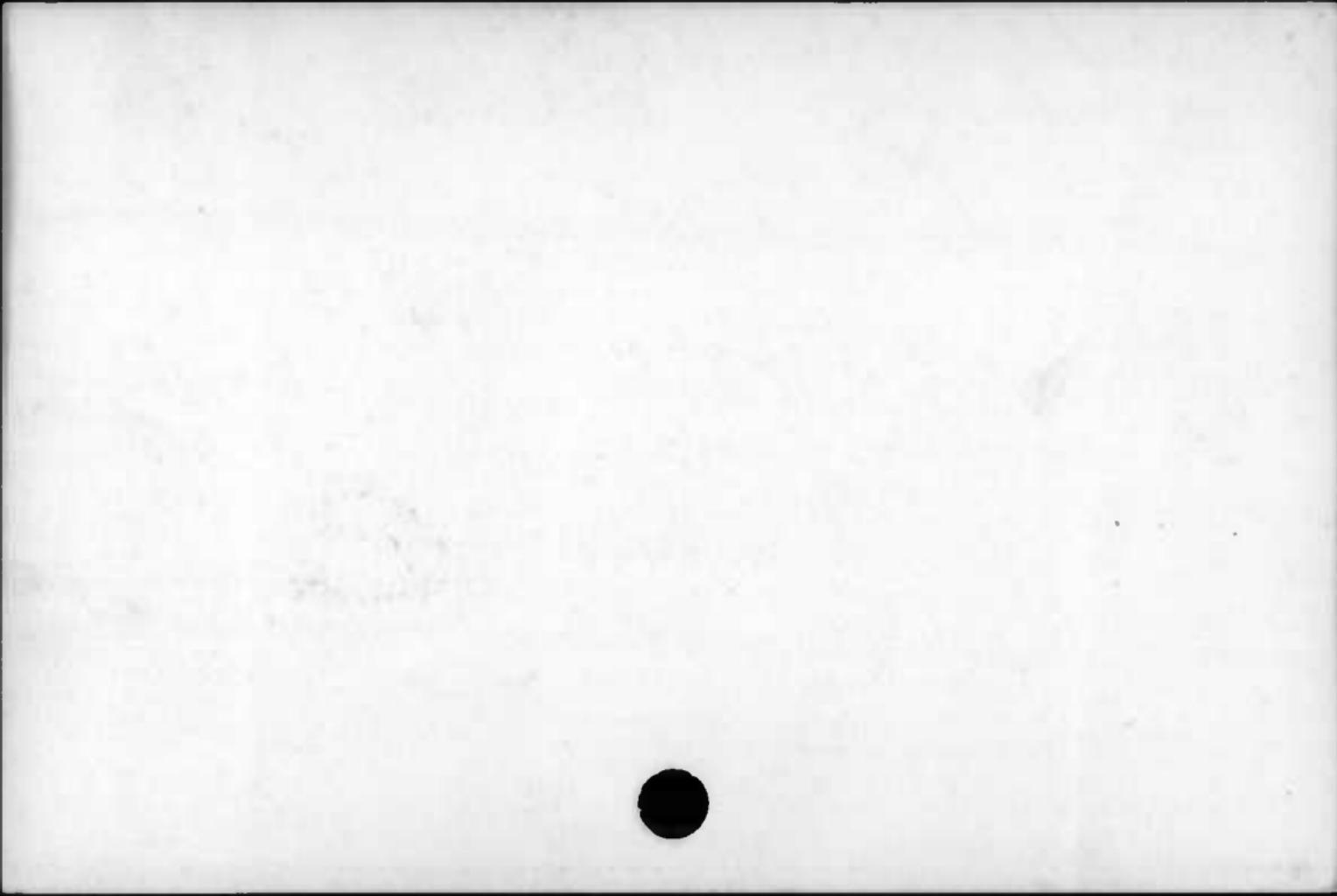
Yes

Signature of  
Physician

Address

J. M. Trillary  
Baltimore City

Accident or Suicide?



Name  
in  
Full

Mildred V. Whaley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Faywells</u>		Town	County <u>Wicomico</u>	
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>24</u>	Years <u>1</u>	Months <u>1</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>		
Occupation		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	<u>Mitchell Whaley</u>			
Mother's Maiden Name	<u>Latty Jones</u>			
Name of person giving information				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Superficial death  
Indigestion

179

How long

12 mo

Immediate

Are the name, age, sex, color, date and place correctly given above?

-jo

Signature of Physician

Address

Ebe Holland  
Bedlam

Accident or Suicide?

